

MULTIPLE DPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL  
02 487000  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		2					53					
4		3					54					
5		4					55					
6		1		1			56					
7		1		1			57					
8		5					58					
9		6					59					
10		8					60					
11		8					61					
12		1		1			62					
13		1		1			63					
14		1		1			64					
15		1		1			65					
16		1		1			66					
17							67					
18							68					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	12	↓	15	↓	↓	↓	TOTAL DEP.					
TOTAL CLAIMS	18	18	16	16	16	16	TOTAL CLAIMS	18	18	16	16	16